

# Guidelines for Parents: Ketamine Sedation

During the procedure the nurse may have to hold the child's head or arms. It is not unusual for the child to move his or her arms in a random fashion. Your child is not distressed if this occurs. Occasionally it may be necessary to remove saliva from your child's throat, using a narrow suction tube.

At the end of the procedure your child may be placed on his or her side. During this period your child may appear confused, say inappropriate words, sing or cry as he or she wakes up.

Your child will be allowed home once (s)he fully recognises you and can walk unaided. This will normally take at least 60 minutes. During this period please try to keep your child still as rapid movements may precipitate an episode of vomiting.

At home your child should not walk independently for the first 2 hours after discharge. Only clear fluids should be allowed during this time, because vomiting can occur during this period.

If it is bedtime, be careful they cannot get up and wander in the night, as they may still be unsteady. Parents often prefer to put the child in their own bed, and this can be comforting for the child and reassuring for the parents.

Ask the doctor or nurse for some Calpol or Ibuprofen if you have none in the house. The local anaesthetic will wear off after a few hours and the wound may start to sting then.

**Please feel free to ask any questions you may have**



*You will now be asked to sign a form documenting your consent to the procedure and the sedation.*

## Why is this necessary?



Your child has an injury that requires proper cleaning, exploration, and repair. This of course can be a painful and distressing procedure. To minimise this and to allow the doctor to treat your child properly, it is necessary to give them some sedation.

## What is Ketamine?

Ketamine is a drug that has been in use since 1970. It is a sedative and pain-killing drug and also results in the patients not remembering the procedure (amnesia). Several large studies, including 2 from this department, have shown that ketamine is the safest and most effective choice of sedative for children in Accident and Emergency who require a short procedure.

## What does ketamine do?

Within 5 minutes of the injection, the child's eyes will glaze over, and they will stop responding to you. They will still be breathing normally, but will not notice what is happening. This lasts for 20 to 40 minutes. Your child will then begin to notice you again, and recovery will continue over the next hour or so.



## What are the side effects?

Rash 10%

This is usually a "red flush" which disappears as the ketamine wears off.

Movement 10-20%

This is uncoordinated limb movement, and may require gentle holding of the child by yourself or the nurse.

Mouth or Eye watering 5-10%

We give a small dose of a drug called Atropine to help prevent this, but some watering does still occur.

Sickness 10%.

Children can feel a little sick once they wake up. This may last for 24 hours. Vomiting may occur.

Dreams/hallucinations 2-5%

This is very rarely a problem.

Noisy Breathing- Less than 1%

This is due to tightening of the windpipe - although it can be frightening for the parent, it is easily treated.



### Why is there all the equipment?

This is a safety precaution. Any sedation can cause breathing or blood pressure problems. This is very rare. The doctor and nurse present are experienced and trained in sedation and use of the equipment. The only interventions that are usually required are some oxygen by face mask or suction to remove saliva.

### Is there an alternative?

Your child may already have been given some painkiller, and your presence is comforting. However many young children are unable to relax enough to tolerate injection of local anaesthetic, and then stitching, both of which can be painful. This will already have been discussed. Ketamine is the best drug if a sedative is to be used.

The alternatives are:

- a) General Anaesthetic, which requires hospital admission, and often an overnight stay. General Anaesthesia also carries a small risk of breathing or blood pressure problems.



- b) No sedation. If the child becomes distressed or moves too much to allow the procedure we would either have to restrain them, or abandon the procedure.

### Why do we have to wait if my child has just eaten?

A full stomach may contribute to a tendency to vomit. This may be hazardous when the child is sleepy.

### What happens now?

We will ask you to sign a form documenting your consent.

Your child will be weighed so that we can accurately calculate the dose of ketamine.

It may take a few minutes to prepare the room, then we will move to the theatre room, where the procedure will happen.

You do not have to stay with the child if you do not want to. We understand that some parents may be too nervous or upset. However it would help the child and us if you at least stay until the injection is given and they start to get sleepy.

The injection is given into the thigh. This is usually done with the child sitting on your knee, and distracted (by a toy etc.) If there is time, we will put some anaesthetic cream on the child's thigh first to numb the skin.



A sensor (pulse oxymetre) will be attached to your child's finger or toe with elastic tape. This measures the amount of oxygen in the blood by shining a light through the finger or toe.



The doctor will inject local anaesthetic into the wound before stitching it. Depending on the local anaesthetic used and the site injected, this will provide pain relief for up to several hours after the procedure.